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Approved For Release 2003/09/09 : CIA-RDP96-00788R001500160009-1

UNITED STATES GOVERNMENT

memorandum

DIA/GC

DATE: 15 April 1985
REPLY TO
ATTN OF: DIA/DT
SUBJECT: Proposed Statement of Consent
TO: GC

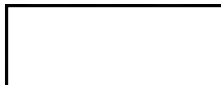
1. (S/NF/WNINTEL) Attached is a revised Statement of Consent prepared IAW Procedure 13, DoD Directive 5240.1-R for use by participants in the DIA DRAGOON ABSORB Project. The Statement of Consent was prepared in accordance with guidelines issued by the Department of Health and Human Services. Specifically, guidelines under section 46.116; Subpart A, Part 46, Title 45, Code of Federal Regulations were used to prepare the statement.
2. (U) Request your review of the Statement of Consent for compliance with DoD Directive 5240.1-R
3. (U) POC is LTC Brian Buzby, AVN 923-7829/2656.

Brian Buzby
BRIAN BUZBY
LTC, US Army

- 2 Encl
1. Statement of Consent
2. 45 CFR 46 (extract)

SG1J

CF
DT-5A



CLASSIFIED BY: DIA/DT
DECLAS: OADR

WARNING NOTICE: SENSITIVE
INTELLIGENCE SOURCES AND
METHODS INVOLVED

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6
5010-114

NOT RELEASABLE TO FOREIGN NATIONALS
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DEFENSE INTELLIGENCE AGENCY

WASHINGTON, D.C. 20301-6111

DIA STATEMENT OF CONSENT
PROJECT PARTICIPANT

Date:

1. (S/NOFORN/WNINTEL) I, _____ voluntarily
accept assignment to the DIA and fully
understand that:

a. (S/NOFORN/WNINTEL) _____ Counsels have
determined that the DDAP constitutes experimentation on human
subjects. As required by Procedure 13 of DoD Directive 5240.1-R,
the Deputy Secretary of Defense has granted approval for the conduct
of DDAP activities.

b. (S/NOFORN/WNINTEL) The mission of the DDAP is to collect
intelligence information through the use of psychoenergetic
methodology. Development and use of DDAP operational intelligence
collection personnel will be accomplished with special training
based on mission requirements in accordance with established
procedures.

c. (C/NOFORN) Assignments in DDAP are governed by the
sensitivity and degree of expertise required for the position. I
will be assigned in accordance with my capabilities and experience,
regardless of my rank or previous position. Due to the nature of
training involved, the duration of my participation is indefinite.
Records of my involvement will be available to project personnel,
but otherwise protected under project security measures.

d. (C/NOFORN) The primary consideration in any career
development or assignment action will be DDAP mission and
operational requirements. I understand that exemption,
interruption, or delay in normal career development patterns--such
as branch schooling and assignment opportunities--may prejudice
future promotion and assignment potential. I have been assured,
however, that every effort will be made to preclude the adverse
effects listed above on my career.

e. (S/NOFORN/WNINTEL) I understand that there is no
demonstrated risk of permanent or temporary injury (including
physical, psychological and/or damage to participants' reputation)
to project personnel beyond risks to which they would ordinarily be
exposed in their daily lives. However, I understand further that
potential for injury during some training cannot be conclusively
ruled out.

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f. (S/NOFORN/WNINTEL) I may temporarily choose not to participate in the project at specific times, or permanently discontinue participation without prejudicial effect. Termination will be affected by notifying the Commander, Prototype Operational Group (POG), DSSP, or his designated representative.

2. (S/NOFORN/WNINTEL) As a participant in DSSP, and IAW DoD Directive 5240.1-R, I consent to tape recording, monitoring and transcribing of all training and operational interviews in which I am involved as an integral part of the DSSP mission. I understand that these recordings are subject to being monitored and/or transcribed by third parties not otherwise involved in operations or training. I waive any claim or right of ownership to all tape recordings and transcripts made in conjunction with DSSP, with the understanding that these tape recordings and transcripts are property of the United States Government.

3. (C/NOFORN) I hereby acknowledge receiving formal counseling concerning my assignment to DSSP. Basic training and operational procedures and their purposes, as well as attendant discomforts, risks, and benefits have been explained to me. I understand that I may at any time ask questions of the Commander, POG, or other appropriate project personnel relating to areas unclear to me. I further understand that my participation in DSSP is voluntary and that at my request I may at any time be reassigned without fear of adverse personnel action.

Signature (Witness)

Signature (Participant)

Name, Rank/Grade

Name, Rank/Grade

Social Security Number

Social Security Number

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DEFENSE INTELLIGENCE AGENCY
WASHINGTON, D.C. 20301-6111

STATEMENT OF CONSENT
DIA SUN STREAK PROJECT PARTICIPANT

Date:

1. (S/NOFORN/WNINTEL) I, _____ voluntarily accept assignment to the DIA SUN STREAK PROJECT (DSSP) and fully understand that:

a. (S/NOFORN/WNINTEL) The DIA and DoD General Counsels have determined that the DSSP constitutes experimentation on human subjects. As required by Procedure 13 of DoD Directive 5240.1-R, the Deputy Secretary of Defense has granted approval for the conduct of DSSP activities.

b. (S/NOFORN/WNINTEL) The mission of the DSSP is to collect intelligence information through the use of psychoenergetic methodology. Development and use of DSSP operational intelligence collection personnel will be accomplished with special training based on mission requirements in accordance with established procedures.

c. (C/NOFORN) Assignments in DSSP are governed by the sensitivity and degree of expertise required for the position. I will be assigned in accordance with my capabilities and experience, regardless of my rank or previous position. Due to the nature of training involved, the duration of my participation is indefinite. Records of my involvement will be available to project personnel, but otherwise protected under project security measures.

d. (C/NOFORN) The primary consideration in any career development or assignment action will be DSSP mission and operational requirements. I understand that exemption, interruption, or delay in normal career development patterns--such as branch schooling and assignment opportunities--may prejudice future promotion and assignment potential. I have been assured, however, that every effort will be made to preclude the adverse effects listed above on my career.

e. (S/NOFORN/WNINTEL) I understand that there is no demonstrated risk of permanent or temporary injury (including physical, psychological and/or damage to participants' reputation) to project personnel beyond risks to which they would ordinarily be exposed in their daily lives. However, I understand further that potential for injury during some training cannot be conclusively ruled out.

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f. (S/NOFORN/WNINTEL) I may temporarily choose not to participate in the project at specific times, or permanently discontinue participation without prejudicial effect. Termination will be affected by notifying the Commander, Prototype Operational Group (POG), DDAP, or his designated representative.

2. (S/NOFORN/WNINTEL) As a participant in DDAP, and IAW DoD Directive 5240.1-R, I consent to tape recording, monitoring and transcribing of all training and operational interviews in which I am involved as an integral part of the DDAP mission. I understand that these recordings are subject to being monitored and/or transcribed by third parties not otherwise involved in operations or training. I waive any claim or right of ownership to all tape recordings and transcripts made in conjunction with DDAP, with the understanding that these tape recordings and transcripts are property of the United States Government.

3. (C/NOFORN) I hereby acknowledge receiving formal counseling concerning my assignment to DDAP. Basic training and operational procedures and their purposes, as well as attendant discomforts, risks, and benefits have been explained to me. I understand that I may at any time ask questions of the Commander, POG, or other appropriate project personnel relating to areas unclear to me. I further understand that my participation in DDAP is voluntary and that at my request I may at any time be reassigned without fear of adverse personnel action.

Signature (Witness)

Signature (Participant)

Name, Rank/Grade

Name, Rank/Grade

Social Security Number

Social Security Number**SECRET**